

STANDARD CERTIFICATE OF DEATH

State File No. 326889

Critchlow

BIRTH NO. 101349 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 108

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| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott | |
| b. CITY (If outside corporate limits, write RURAL and give township) Sikeston | | c. CITY (If outside corporate limits, write RURAL and give township) Sikeston | |
| c. LENGTH OF STAY (in this place) 28 yrs | | d. STREET ADDRESS (If rural, give location) 131 N. Frisco St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 131 N. Frisco St. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) James | b. (Middle) Richard | c. (Last) Crocker | 4. DATE OF DEATH (Month) (Day) (Year) | 8 25 49 |
|--|-------------------------|----------------------------|--------------------------|--|----------------|

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|--------------------|------------------------------|--|------------------------------------|--|---------------------------------------|--------------------------------------|--------------------------------------|------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2/23/58 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months 6 | IF UNDER 24 HRS. Days 2 | IF UNDER 1 HRS. Hours 2 | Min. 0 |
|--------------------|------------------------------|--|------------------------------------|--|---------------------------------------|--------------------------------------|--------------------------------------|------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | 10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer | 11. BIRTHPLACE (State or foreign country) Carroll Co. Tenn. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Cullin J. Crocker | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Eva Crocker |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Eva Crocker | ADDRESS Sikeston, Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic cardiovascular disease | | INTERVAL BETWEEN ONSET AND DEATH 3 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Aug 22 1949**, to **Aug 22 1949**, that I last saw the deceased alive on **Aug 22 1949**, and that death occurred at **12:40 am.**, from the causes and on the date stated above.

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|---|--------------------------------|-------------------------------------|-----------------------------------|
| 23a. SIGNATURE Wm. C. Critchlow | (Degree or title) MD | 23b. ADDRESS Sikeston, mo | 23c. DATE SIGNED 9/2/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8/28/49 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) Sikeston, Mo. |
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| DATE REC'D BY LOCAL REG Sept 8, 49 | REGISTRAR'S SIGNATURE Mrs Ella Hunter | 25. FUNERAL DIRECTOR'S SIGNATURE Hunter Albright | ADDRESS Sikeston |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 12 1941
District Health Office No. _____
District File Number 949-890
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Allerton

Licensed Embalmer No. 2941

P. O. Address *Albiston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.